



## Reply

## Authors reply to: Min Karen Lo et al., “A response to: Chlamydia Trachomatis infection in children: Do not forget perinatal acquisition.” [J Forensic Legal Med 2010;17:450]

Sir,

Min Karen Lo et al. state that our article entitled “*Chlamydia trachomatis* in children: do not forget perinatal acquisition. A case report of a 7-year old girl, *C. trachomatis* infected, presumed sexually assaulted” does not provide conclusive evidence of the source of this Chlamydia infection. We disagree with their comments and we wonder if the authors have correctly read our paper.

We were not saying that this case corresponded for sure to a contamination at birth but this hypothesis was nonetheless more probable than a contamination by the accused man. The fact that the mother was accusing her partner (who was not the child's father) of sexually assaulting her own child meant that we needed to provide valid evidence of this assault. Bacteriological data showed that the man was not infected at the time of the alleged assault and that this man was probably wrongly accused of having infected the child. Indeed, as mentioned in chapter 2.2 and Table 1 of the results section, the urethral and anal specimens taken from this man at three different times were PCR- and cell culture-negative for *C. trachomatis*; furthermore, the *C. trachomatis* serologies were also negative (see Table 1).

So we looked into the child's medical history and it became obvious that this child probably had a *C. trachomatis* infection at birth. However, as we wrote in the discussion “it is impossible to exclude definitely the possible acquisition of *C. trachomatis* infection after birth because of possible sexual intercourse of the mother with another partner” and we could add that the mother herself being *C. trachomatis* infected, may well have infected her child through her lack of personal hygiene. The goal of this report was to show that before falsely accusing someone of sexual abuse, the entire record of the case must be considered.

Finally it is important to state that the CAUVA (Emergency Reception Centre for Victims of Aggression) Centre from which this report was submitted, is the main French centre which deals with assault and sexual abuse, and follows all European Community procedures. Concerning point 7 and the last paragraph of the comment, we can accept there may be issues of vocabulary or translation, but it is unfair and unacceptable to question about our proficiency.

### Editors note

As is usual practice, this paper “*Chlamydia trachomatis* in children: do not forget perinatal acquisition. A case report of a 7-year

old girl, *C. trachomatis* infected, presumed sexually assaulted” was peer-reviewed by two professionals working within the field, who recommended publication subject to revision which was undertaken by the authors.

### Conflict of interest

None declared.

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